
County: Grant ST. DOMINIC VILLA 2375 SINSINAWA ROAD

HAZEL GREEN 53811 Ownershi p: Nonprofit Church/Corporation Phone: (608) 748-9814 Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **58** Yes Total Licensed Bed Capacity (12/31/01): 58 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: **58** Average Daily Census: 57

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents ($12/3$	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	65. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	0.0
Day Services	No	Mental Illness (Org. /Psy)	0.0	65 - 74	6. 9		
Respite Care	No	Mental Illness (Other)	41. 4	75 - 84	24. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	62. 1	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	6. 9	Full-Time Equivale	nt
Congregate Meals	No	Cancer	3. 4	ĺ	Í	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	3. 4		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17. 2	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	25. 9			RNs	17. 5
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	8. 3
Other Services	No	Respi ratory	1. 7		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6. 9	Male	0.0	Ai des, & Orderlies	30. 1
Mentally Ill	No			Female	100. 0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	1	100.0	236	48	85. 7	102	0	0.0	0	1	100.0	115	0	0.0	0	0	0.0	0	50	86. 2
Intermedi ate				8	14. 3	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	13. 8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	1	100.0		56	100.0		0	0.0		1	100.0		0	0.0		0	0.0		58	100. 0

County: Grant ST. DOMINIC VILLA

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period]	'					
3 1 3		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	3. 4		82. 8	13. 8	58
Other Nursing Homes	17. 9	Dressing	12. 1		74. 1	13. 8	58
Acute Care Hospitals	32. 1	Transferring	31. 0		55. 2	13. 8	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	19. 0		69. 0	12. 1	58
Rehabilitation Hospitals	0.0	Eati ng	65. 5		27. 6	6. 9	58
Other Locations	50. 0	**************	******	*****	******	*********	******
Total Number of Admissions	28	Conti nence		%	Special Treat		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5. 2	Receiving R	Respi ratory Care	6. 9
Private Home/No Home Health	5. 0	Occ/Freq. Incontinent	of Bladder	48. 3	Receiving T	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	36. 2	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	0.0	_			Receiving 0	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving T	Tube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving M	Mechanically Altered Diets	25. 9
Rehabilitation Hospitals	0.0						
Other Locations	5. 0	Skin Care			Other Resider	nt Characteristics	
Deaths	90. 0	With Pressure Sores		3. 4	Have Advance	ce Directives	96. 6
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	20				Receiving F	Psychoactive Drugs	48. 3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ershi p:		Si ze:		ensure:		
	Thi s	Nonj	profit		- 99		lled	Al]	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Rati o	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 3	92. 7	1. 06	86. 4	1. 14	85. 8	1. 15	84. 6	1. 16
Current Residents from In-County	29. 3	74. 5	0. 39	69. 6	0. 42	69. 4	0. 42	77. 0	0. 38
Admissions from In-County, Still Residing	57. 1	27. 9	2. 05	19. 9	2. 87	23. 1	2. 47	20. 8	2. 75
	49. 1	95. 2	0. 52	133. 4	0. 37	105. 6		128. 9	0. 38
Admissions/Average Daily Census							0. 47		
Discharges/Average Daily Census	35. 1	95. 2	0. 37	132. 0	0. 27	105. 9	0. 33	130. 0	0. 27
Discharges To Private Residence/Average Daily Census	1.8	31. 4	0. 06	49. 7	0. 04	38. 5	0. 05	52. 8	0. 03
Residents Receiving Skilled Care	86. 2	91. 4	0. 94	90. 0	0. 96	89. 9	0. 96	85 . 3	1. 01
Residents Aged 65 and Older	100	97. 3	1. 03	94. 7	1. 06	93. 3	1. 07	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	96. 6	64. 2	1. 50	68. 8	1. 40	69. 9	1. 38	68. 7	1. 41
Private Pay Funded Residents	1. 7	29. 6	0.06	23. 6	0.07	22. 2	0.08	22. 0	0. 08
Developmentally Disabled Residents	0. 0	0. 7	0.00	1.0	0.00	0.8	0. 00	7. 6	0. 00
Mentally Ill Residents	41. 4	36. 0	1. 15	36. 3	1. 14	38. 5	1.08	33. 8	1. 22
General Medical Service Residents	6. 9	21.3	0. 32	21. 1	0. 33	21. 2	0. 32	19. 4	0. 36
Impaired ADL (Mean)	43. 1	49. 0	0. 88	47. 1	0. 92	46. 4	0. 93	49. 3	0. 87
Psychol ogi cal Probl ems	48. 3	50. 2	0. 96	49. 5	0. 97	52. 6	0. 92	51. 9	0. 93
Nursing Care Required (Mean)	4. 5	7. 5	0. 60	6. 7	0. 67	7. 4	0. 61	7. 3	0. 62